

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

Health Department, City of Baltimore.

Permit No. 131 Office of Registrar of Vital Statistics. Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 25, 1887

Full Name of Deceased, Henry Klug { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, Male { Cross out the word not required in this line. }

Age, 38 Years, 8 Months, ✓ Days.

Color, White

Married, Single, Widow or Widower, Single { Cross out the words not required in this line. }

Occupation, Store-keeper

Birth Place, Baltimore { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 38 years

Place of Death, 427 Robert St. { Give Street and Number. }

Cause of Death, White isis Pulmonalis { First (Primary), Second (Immediate), }

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Ver Catetral

Date of Burial, July 27

{ Undertaker, J. H. Hardy } H. H. Holster Jr. M. D. Medical Attendant.

{ Place of Business, 118 West } Address, 106 Barre St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 632 Office of Registrar of Vital Statistics. Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 24 - 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Clare Riordan

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 4 Years, 31 Months, 31 Days.

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, City of New Orleans

Birthplace, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 2 weeks
55 N. Paca St.

Place of Death, { Give street and number. }

Cause of death, { First, (Primary,) Cholera Infantum
Second, (Immediate,) 3 days }

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, June 26th 1887 Quot Provoki Boyle M. D.

Undertaker, W. R. Mears Medical Attendant.

Place of Business, 135 N. Fayette Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

Health Department, City of Baltimore.

Permit No.

A. 633

Office of Registrar of Vital Statistics.

Ward

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The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

6/24/87

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Emma Coale

Sex, ~~Male~~ or Female,

{ Cross out the word not required in this line. }

Age,

Years,

4

Months,

Days.

Color, *red*

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

Maryland

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give Street and Number. }

1015 Shields St

Cause of Death,

{ First (Primary),

Second (Immediate),

Asthma
Spasm
3 mos

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Laurel Cemetery

Date of Burial,

June 26 1887

Undertaker,

Alexander

Place of Business,

56 Howard St

Address,

601 Franklin

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT, BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

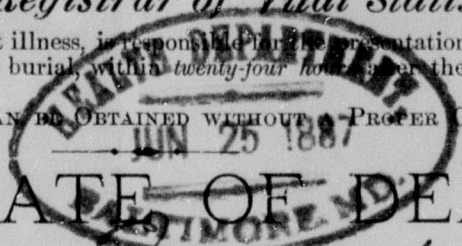
The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 634 Office of Registrar of Vital Statistics. Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours of the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, June 24. 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Emily M. Atthaw,

Sex, Male or Female, { Cross out the word not required in this line. } F.

Age, 11 Years, 11 Months, 20 Days.

Color, Blk

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Domestic City

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balto. City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give Street and Number. } 512 Chestnut Alley Ch.

Cause of Death, { First (Primary), Second (Immediate), } Enteric - Colitis
Convulsions,
1 week,

Duration of Last Sickness, 1 week,

All the above information should be furnished by the Physician.

Place of Burial, Sharp St

Date of Burial, June 26th 1887

{ Undertaker, Alex Hensley

{ Place of Business, 561 Richards St Address, 1007 W. Sawale

J. J. Doyle M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to that of Diseases on which this Certificate is based.

Health Department, City of Baltimore.
Office of Registrar of Vital Statistics. Ward 20

Permit No. A 635

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 25 1887

Full Name of Deceased, Ann M. Myers { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, Female { Cross out the word not required in this line. }

Age, 46 Years, _____ Months, 5 Days.

Color, ed

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Lamdress

Birth Place, Maryland { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 25 yrs

Place of Death, 25 yrs { Give Street and Number. }

Cause of Death, Apoplexy { First (Primary), Second (Immediate), }

Duration of Last Sickness, 2 months { First (Primary), Second (Immediate), }

All the above information should be furnished by the Physician.

Place of Burial, Sharp St

Date of Burial, June 26

Undertaker, Geo. Fleming M. D.

Place of Business, 561 Orchard Address, 607 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 1036 Office of Registrar of Vital Statistics. Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 25. 1887
 Full Name of Deceased, Robert Brooks
 Sex, Male or Female, Male
 Age, 1 Years, 6 Months, 16 Days.
 Color, white

Married, Single, Widow or Widower, Single

Occupation, Bact. Md.
 Birth Place, Bact. Md.

Duration of Residence in the City of Baltimore, 29 29 Orleans
 Place of Death, 29 29 Orleans

Cause of Death, Gastritis Acute
Mercurialis

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, June 27 6 1887

Undertaker, John Herwig M. D.

Place of Business, 2008 Orleans St. Address, 2008 O. St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. *2637*

Office of Registrar of Vital Statistics.

Ward *11*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

Date of Death,

June 25
Joseph Morris

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *Eight* Months, *Eight* Days,

Color, *ed*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. }

Balt: ✓
546 Orchard St
Cholera infantum

Cause of Death, { First (Primary), Second (Immediate), }

Duration of Last Sickness,

One month

All the above information should be furnished by the Physician.

Place of Burial, *Sharp St Cemetery*

Date of Burial, *June 26, 1887*

Undertaker, *Alex Hunsley*

Place of Business, *561 Orchard St*

J. M. Wilson M. D.
Medical Attendant.

Address, *1008 Nat. Ave*

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. *538*

Office of Registrar of Vital Statistics.

Ward *4*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four* hours after the death of said deceased, or soon after requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 25th 1887, 6:15 AM.

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Edna Eliza daughter of Eda Warner

Sex, ~~Male~~ or Female,

Cross out the word not required in this line.

Age,

Years,

6

Months,

22

Days

Color,

White

~~Married~~, Single, Widow or Widower,

Cross out the words not required in this line.

Infant

Occupation,

Birth Place,

State or country, and how long in the United States, if of foreign birth.

Balt.

Duration of Residence in the City of Baltimore,

Place of Death,

Give Street and Number.

209 Eastern Ave

Cause of Death,

First (Primary),

Second (Immediate),

Cholera Infantum

Duration of Last Sickness,

nine days

All the above information should be furnished by the Physician.

Place of Burial,

Mt. Olivet Cemetery

Date of Burial,

June 27, 1887

Undertaker,

M. A. Dwyer Atty

Place of Business,

229 S. Broadway

Address,

1102 S. Balto St.

Alfred Thompson

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The special attention of Physicians is respectfully invited to the following regulations:

Health Department, City of Baltimore.

Permit No.

A 639

Office of Registrar of Vital Statistics.

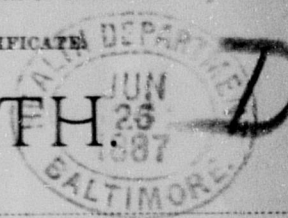
Ward

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The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.



Date of Death,

June 25th 1887

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Margaret Dorn

Sex, ~~Male~~ or Female,

{ Cross out the word not required in this line. }

Age,

Years,

7

Months,

Days.

Color,

White

Married, Single, ~~Widow or Widower~~,

{ Cross out the words not required in this line. }

Occupation,

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore,

Lifetime

Place of Death,

{ Give Street and Number. }

28 W. Pratt St.

Cause of Death,

{ First (Primary), Second (Immediate), }

Cholera Infantum

Duration of Last Sickness,

1 day

All the above information should be furnished by the Physician.

Place of Burial,

Eden Hill Cemetery

Date of Burial,

June 26th

Undertaker,

F. W. Trolle

Place of Business,

431 Hanover St.

Address,

610 S. Sharp St.

Wm. Gombel

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 2640 Office of Registrar of Vital Statistics. Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.
 No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 25th 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charlotte Sadler

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 4 Years, 3 Months, 7 Days

Color, White.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } 1427 Hubbard St.

Cause of Death, { First (Primary), Second (Immediate), } Malarial fever - Complicated by acute Gastritis. & Diarrhoea.
Exhaustion

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St Mathew's Trapp Road

Date of Burial, June 27 1887

{ Undertaker, Bernard Harle } J. J. Flannery M. D.
 { Place of Business, 115 West St. } Coroner Medical Attendant
 Address, 1701 Dr. Hill Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]